MARIETTA OHP
OCCUPATIONAL HEALTH PARTNERS

807 Farson St., Ste. 101
Belpre, OH 45714
P: (740) 401-0090
F: (740) 401-0258

401 Matthew Street
Marietta, OH 45750
(740) 374-9954
(740) 374-7230

AUDIO QUESTIONNAIRE

Name: _____ **SS#:** _____ **DOB:** ____/____/____

Employer: _____

OTOLOGIC HISTORY

Check YES or NO boxes. Explain YES answers in Comments. Tape Strip

Are you currently experiencing:	**YES**	**NO**
1. Noises in ears? (ringing, buzzing, humming)	☐	☐
2. Dizziness?	☐	☐
3. Pain in ears?	☐	☐
4. Fluctuating, sudden rapid hearing loss?	☐	☐
5. Ear Infections?	☐	☐
In your lifetime:		
6. Have you ever been to an ear specialist?	☐	☐
7. Was ear surgery recommended or performed?	☐	☐
8. Have you had a head injury or unconsciousness?	☐	☐
9. Have you ever had: (circle those that you have had)		
Measles Mumps Chicken Pox Scarlet Fever Diphtheria		
10. Have you had large doses of antibiotics, quinine or aspirin for treatment of a serious medical condition?	☐	☐
11. Do you have a family history of hearing loss?	☐	☐
12. Have you worked at another job that was noisy? (previous emp)	☐	☐
13. Have you ever been exposed to gunfire? (hunting, trap shooting)	☐	☐
If yes, how often? _____		
14. Military Service?	☐	☐
If yes, # of years_____, Branch_____, Job_____		
Presently:		
15. Do you have a noisy hobby? (loud music, motorcycling)	☐	☐
16. Do you have a hearing aid(s)?	☐	☐
If yes, please circle: Right Ear Left Ear		
17. Have you been away from your job noise 14 to 16 hours?	☐	☐
18. When working in high noise areas, do you wear hearing protection?	☐	☐

COMMENTS: _____

_____

_____

_____ _____

Signature **Date**